

Notice!

The State Society meets at San Jose, April 20, 21 and 22, 1909. Make your plans early and be sure to attend.

The A. M. A. meets in Atlantic City, June 8 to 11, 1909. Don't fail to attend.

RUSSELL SAGE FOUNDATION BOOK.

"Medical Inspection of Schools," by Dr. Luther H. Gulick, Director of Physical Training of New York City public schools, and Leonard P. Ayres, formerly General Superintendent of Schools of Porto Rico, is the title of the most recent of the Russell Sage Foundation publications.

The book places before the readers in convenient form for easy reference information concerning the historical, medical, educational, administrative, and legal phases of the work of medical inspection of school children. The most extensive bibliography of the subject yet compiled is added—an important feature of special value to librarians, school authorities, and students of social subjects.

Single copies, postpaid, \$1.00. Charities Publication Committee, 105 East 22nd Street, New York.

POLYCLINIC GATHERING.

Cases presented by Dr. Campbell for Dr. M. Regensberger.

Case No. 1: This patient is 70 years old. He came to the clinic in May, 1908, since that time he has had two treatments a week for this epithelioma of the nose. He first noticed this growth in 1885. He was treated before the fire by Dr. W. Lehmann at Lane Hospital. During the period following the fire he was unable to have treatments. When he came here in May the trouble was much more extensive than it is at the present time. There is no specific history. Diagnosis is epithelioma. He has had two X-ray treatments per week for ten weeks. To-day patient had a severe fall on his nose which looks very bad to-night. We intend to demonstrate a course of thyroid extract in this case in connection with X-ray treatments.

Case No. 2: Mrs. I, aged 60. Diagnosis, rodent ulcer. Patient came to us on July 20th. She has had trouble over the eye beginning under the angle of the right eye. The scar is on the nose extending over the eye and was quite angry looking when she first came here. She has had X-ray treatments ten minutes at a time twice per week. When she first came the ulcer bled very easily, but it does not bleed any more. The outer angle of the wound is thickened considerably, showing the reaction of the X-ray.

Case No. 3: Diagnosis, epithelioma. Mrs. A. Patient first came to us July 29, 1908. Patient first noticed trouble six or seven months ago when a little pimple appeared on the right side of the nose. When she first came it was covered with a black eschar and on removing that a crater-formed looking ulcer was found underneath. She was first given a paste to put on it and told to come back for X-ray treatment. She has had six treatments and it has diminished nearly one-half in size. It is beginning to look smooth on the base and has improved very much indeed. This case has been given iodide intermittently in small doses.

Case No. 4: Keloid. This patient gives a history of nineteen months duration. There are linear raised lesions on both sides of the cheek. They are quite painless and are said to have followed being cut by a razor. He has had a paste of resorcin, but has also had X-ray treatments. Dr. Freytag does not think that this case has improved but we think it has grown a little thinner, especially the scar on the right cheek.

Dr. Welty, discussing cases presented by Dr. Campbell: With regard to the keloid case, I saw one case of keloid of the ear and it passed up to the clinic without a diagnosis being made until Prof. Politzer came in and he told us what it was. He took the whole ear off and a wax ear was made to take its place. In this particular case would it be possible to remove the keloid growth, and close the wound by the stitch that makes its appearance just below epidermis? It would improve his appearance very much.

Dr. Levison, discussing cases presented by Dr. Campbell: There are one or two points mentioned by Dr. Freytag, with regard to the treatment of growths by the X-ray. The first point is the statement that the X-ray does not do any harm. This is correct so far as the injurious chemical effects are concerned. The injury is done by the radiographer, who continues to treat the cancer in the hope that he will be able to cure it. He thus loses the only possible hope of curing the patient, as I have seen on several occasions where malignant growths have been treated without result. They not only have not been able to cure the cancer, but they have allowed it to develop, so that it became impossible to accomplish the cure by means of the knife. The French Surgical Congress, which convened a year ago, arrived at the conclusion that those growths which the X-ray succeeded in curing could have been cured with the aid of the knife, and those tumors which were inoperable could not be satisfactorily cured by the use of the X-ray.

In the case of the rodent ulcer, which Dr. Freytag has demonstrated, the X-ray offers an ideal method of treatment, because of the defect resulting from surgical operation, which can only be remedied by an extensive plastic operation. I fear that the X-ray people are losing sight of the fact that cancer can be cured by the use of the knife.

Another point is the treating of cancer by fulguration. Reports go to show that this procedure exercises a destructive influence upon the cancer cells, and also stimulates the proliferation of the sclerotic tissue.

In answer to Dr. Welty's question concerning the effect of operation on keloids, I might state that I have had considerable experience with this condition. Even when the growth is incised well into